MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09148

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M. (Last) Clough

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: April 25 1872

9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Q.A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Leverage

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wm A Clough - (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31 1951, to 9/2 1951, that I last saw the deceased alive on 9/2 1951, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE: W. Deering Frahes (Degree or title) M.D. ADDRESS Centreville Md DATE SIGNED 9/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9-5-51 | NAME OF CEMETERY OR CREMATORY: Church Hill | LOCATION (City, town, or county): Church Hill (State): Md.

DATE REC'D BY LOCAL REG. 9-4 | REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill Md

RECEIVED
SEP 13 1951
BUREAU V. S.

Item 8 FilmG136 9/24/51 ww

09149

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: Queen Ann — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millington rural — LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rolbers Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Del. — COUNTY: Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Dover
STREET ADDRESS (If rural, give location): Water St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Smith (Last) Fisher
4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 28, 1886
9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fish Trader
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David Fisher
14. MOTHER'S MAIDEN NAME: Hannah Knight
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sallie Griffith Dover, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy. — 15 days

334 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

83a (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) bus Injury m.
INJURY OCCURRED While at Work ☐ ~~Not~~ While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 30, 1951, to Sept 13, 1951, that I last saw the deceased alive on Sept 13, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton — (Degree or title): M.D. — ADDRESS: Millington — DATE SIGNED: Sept 13/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 16, 1951 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Smyrna Del.

DATE REC'D BY LOCAL REG.: 9-14-51 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: Ferguson & Hayes — ADDRESS: Dover, Del.

910126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09150

CERTIFICATE OF DEATH

Reg. Dist. No. 254

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: QUEEN ANNE'S — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GRASONVILLE
LENGTH OF STAY (in this place): 69 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD — COUNTY: QUEEN ANNE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GRASONVILLE
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOWARD	UPSHUR	KING	9 -	4	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	8-15-79	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OYSTERMAN & CARPENTER.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W King
14. MOTHER'S MAIDEN NAME: Amanda Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 218-07-7017
17. INFORMANT: WIFE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	NONE.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (DEATH INSTANTANEOUS)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B. Miller	M.D.	Centreville Md.	9-5-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Sept 7-1951	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 6-51	Helen M. Aldridge	Baxter Bros.	Centreville Maryland

5D246

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SEP 13 1951
BUREAU V. S.

09151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY ~~Kent~~ Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Palmatory's Nursing Home near Sudlersville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) High St.

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) A. (Last) Legg

4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1951

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Oct. 27, 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Sparks
14. MOTHER'S MAIDEN NAME Anna Va. (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. Mary L. Fowler Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

93d (c) Renal Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Sept 2, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS Sudlersville Md DATE SIGNED 9/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 5, 1951
NAME OF CEMETERY OR CREMATORY Chester Cem
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. 9-3-51
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A-15

RECEIVED
SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09152

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MIKE (Middle) — (Last) LOCKERMAN

4. DATE OF DEATH: (Month) Sept (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: March 17-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Work

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Donat Knauer

14. MOTHER'S MAIDEN NAME: Donat Knauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 066-20-5997

17. INFORMANT AND ADDRESS: Carl Morris - Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure Grade III	Aug 6, 1951
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular Disease	Years
93d	(c) Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Non

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1951, to Sept 16, 1951, that I last saw the deceased alive on Sept 7, 1951, and that death occurred at 10-30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C Rodney Layton MD Centreville Md Sept 17 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 18/51 | NAME OF CEMETERY OR CREMATORY: Hallywood Cemetery | LOCATION (City, town, or county): Harrington (State): Del.

DATE REC'D BY LOCAL REG. 9-17 | REGISTRAR'S SIGNATURE: Edgar L. Kinel | 24. FUNERAL DIRECTOR: Easton Bros - Centreville Md ADDRESS

820105

RECEIVED
SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09153

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: June 17 1924

9. AGE last birthday: 27 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Clifton Wright

14. MOTHER'S MAIDEN NAME: Minnie Turpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-18-5514

17. INFORMANT AND ADDRESS: Josephine Turpin (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Harry Fisher M.D. (Degree or title) ADDRESS Centreville Md DATE SIGNED 9/28/51

Deputy Med. Exam for 2nd Co. Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 3-1951 | NAME OF CEMETERY OR CREMATORY Upper Hill | LOCATION (City, town, or county) (State) Upper Hill Somerset Co Md

DATE RECD BY LOCAL REG. Sept 28-51 | REGISTRAR'S SIGNATURE Elizabeth Hopkins

24. FUNERAL DIRECTOR Charles H Ward Marion Sta Md. ADDRESS

E-90 226

RECEIVED
OCT
BUREAU V. S.

09154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Ann MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barkley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barkley
STREET ADDRESS (If rural, give location) R.F.D

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Wright

4. DATE OF DEATH (Month) Sept. (Day) 25 (Year) 1951

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 15, 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Rich
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Minnie Williams 400 N. Filbert St. Phila, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 10 years

443x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

93d

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 13, 1951, to Sept. 25, 1951, that I last saw the deceased alive on Sept. 25, 1951, and that death occurred at 9 55 P. m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED 9/26/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 30, 1951
NAME OF CEMETERY OR CREMATORY Barkley
LOCATION (City, town, or county) (State) Barkley Maryland

DATE REC'D BY LOCAL REG. 9-26
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Calvin Clark, Dover, Del. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

Edgar L. Hume
Churchill

RECEIVED
OCT 10 1951
BUREAU V. S.